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**\*\* CONTINUING DATA \*\*\*\*\***

No / HJ

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

CANADA 2,419,655 02/21/2003

Yes / HJ

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/13/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 8	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Henry N. Tern</u> <u>HJ</u> Examiner's Signature Initials				

**ADDRESS**

26389

**TITLE**

Mouth activated input device for an electronically responsive device

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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